PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application or Docket Number 17/8/3/24												mber /	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
T	OTAL CLAIM	s	1 4	8	1,00		1	RATE	FEE	П ОВ	RATE	FEE	
FOR			NUMBE	NUMBER FILED		IBER EXTRA	ŀ	BASIC F		7,	BASIC FE		
TOTAL CHARGEABLE CLAIMS			1111	4 8minus 20=		38		XS 9=		OR	7510	504	
iN	DEPENDENT (CLAIMS	Øminus 3 =		•	_ල	X43		1	4	You	350	
М	JLTIPLE DEPE	NDENT CLAIM	PRESENT	RESENT		7 🗖			 	HOA	700-	220	
* If the difference in column 1 is loss than here color ?!! is asked ?							J	+145=		JOR	+290=		
* If the difference in column 1 is less than zero, enter *0" in column 2								TOTAL	· L	JOR	TOTAL	1532	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER			
AMENDMENTA	5/5/06	(Column 1)	1	HIGHE	ST	(Column 3	ן ו	RATE	ADDI-	ן יי	RATE	ADDI-	
	3/3/0/0	REMAINING AFTER	ł	PREVIO	USLY	PRESENT EXTRA			TIONAL			TIONAL	
	Total	- 48	Minus	PAID F	V Constitution			X\$ 9=	FEE	OR	X\$18=	FEE	
	Independent	-6	Minus	-6	?	=/		X43≠	·	1	X86=		
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	OR			
								+145=	<u> </u>	OR	+290=		
10/01/01							,	TOTAL LODIT, FEE		OR .	YOYAL Addit. Fee		
10/31/06 (Column 1) (Column 2) (Column 3)													
AMENDMENT 8		REMAINING AFTER		NUMB PREVIOU	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	AMENDMENT	Minus	PAID F	OR	>>		<u> </u>	FEE		50.00	FEE	
	Independent	. ~ .	Minus	* T ()	5	١,	X\$∙9≖ - <u>00.00</u>	 	OR	X\$18=		
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .								+145=		OR	+290=	•	
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(Column 1) (Column 2) (Column 3)													
<u> </u>	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	ia Isly	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	• .	Minus ·	**			H	X\$ 9=	FEE	` !	X\$18=	FEE	
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<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X86=		
+145= OR +290=													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT SEE													
11	the "Highest Nur	mber Previously Paid ber Previously Paid	id For IN THIS	S SPACE IS IN	ess than	1 3, enter "3."		OIT. FEE	······································	^	DDIT. FEEL MA 1.		
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